

**Contractors General Liability Quote Questionnaire Page 1 of 2**

Limits of Liability desired: \$300,000  \$500,00  \$1,000,000  \$2,000,000

1) DBA: \_\_\_\_\_ 2) Contractor License Number (s): \_\_\_\_\_ 3) States:: \_\_\_\_\_

4) How many years experience? \_\_\_\_\_ 5) Year business formed? \_\_\_\_\_

6) Address: \_\_\_\_\_ City: \_\_\_\_\_ CA, Zip: \_\_\_\_\_

7) Applicant Phone #: ( ) \_\_\_\_\_ Fax #: \_\_\_\_\_ 8) Requested Effective Date: \_\_\_\_\_

9) The Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

10) List other businesses owned or affiliated in any way with persons or entities named in the application within the last 5 years: Check if none:

11) Number of active Current Owners/Partners/Officers: \_\_\_\_\_ 12) Number of inactive owners/partners/officers: \_\_\_\_\_

13) List all current owners/partners/officers

Owners Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Owners Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

14) Gross Receipts Including Labor & Material & Cost of Sub Cost of Sub Including Labor & Material # Full Time Employees # Part Time Employees Payroll – Excluding Owners & Officers, **but** Including Leased Labor

	Gross Receipts Including Labor & Material	Cost of Sub Including Labor & Material	# Full Time Employees	# Part Time Employees	Payroll – Excluding Owners & Officers, <b>but</b> Including Leased Labor
Next 12 months	\$	\$			
Past 12 months	\$	\$			
2nd Prior Year	\$	\$			
3rd Prior Year	\$	\$			

Will you use subcontractors? Yes  No  List the trades of subcontractors you use: \_\_\_\_\_

15) Describe your operations in your own words in the next few lines and also answer the following questions: \_\_\_\_\_

Average values of your projects: \$ \_\_\_\_\_ Maximum number of jobs running at the same time? \_\_\_\_\_

16) Indicate percentage of work performed (each section should equal 100%):

Remodeling _____%	Commercial _____%	Inside Buildings _____%
Non-structural remodel _____%	Industrial _____%	Outside Buildings _____%
Repair & Service _____%	Single Homes _____%	<b>TOTAL 100%</b>
Tenant Improvement _____%	Apartments _____%	
New Construction _____%	Condominium _____%	California Operations _____%
Room Addition/s _____%	Town-homes(more than 4 units in one lot) _____%	Outside California _____%
Other _____%	Tract-Homes & PUD's _____%	<b>TOTAL 100%</b>
<b>TOTAL 100%</b>	<b>TOTAL 100%</b>	

17) Describe your involvement in new ground up construction operations in detail: (total should be 100%)

Houses \_\_\_\_\_% Tract work (4 or more homes at 1 location) \_\_\_\_\_% Apartments (12 units and under) \_\_\_\_\_% Apartments (over 12 units) \_\_\_\_\_% Condos/town-homes/co-op buildings \_\_\_\_\_% Commercial/Industrial \_\_\_\_\_% =100% Maximum number of new houses built in any one year? \_\_\_\_\_

How many homes in one location? \_\_\_\_\_

Do you perform work above two stories in heights? Yes  No  Maximum stories \_\_\_\_\_ Maximum Heights \_\_\_\_\_ Ft Describe: \_\_\_\_\_

If work done for condo/town-home/apartment/PUD's/tract homes is yes, is the work done for: Individual Unit Owner  General Contractor  Association

Other-Describe:  \_\_\_\_\_

18) Describe your three largest projects, which you have performed during the past five years:

Location	Project Type	Nature of Work	Start Date	End Date	Job Receipts
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

19) List current projects or those scheduled to commence over the next 12 months:

Location	Project Type	Nature of Work	Start Date	End Date	Job Receipts
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

20) In what capacity do you operate? Please indicate percentage

General Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_% Owner/Builder \_\_\_\_\_% Developer \_\_\_\_\_% Construction Management \_\_\_\_\_% Other \_\_\_\_\_% =100%

21) Using percentage of payroll (under direct) and percentage of contract costs (under subbed), indicate the anticipated percentage of construction work you will perform over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Air Conditioning			Equipment Rental			Paving		
Awning			Excavation			Plastering		
Carpentry Cabinet			Fence			Plumbing		
Carpentry Finish			Flooring			Roofing		
Carpentry Frame			Glass			Scaffolding		
Chimney Work			Glazing			Seismic Retrofitting		
Concrete			Grading			Sewer Work		
Const. Clean-Up			HVAC			Steel Structural		
Crane Operations			Insulation			Steel Ornamental		
Demolition			Landscaping			Street/Road Work		
Door Installation			Maintenance			Supervisory Only		
Drywall			Masonry			Swimming Pool Service		
Electrical			Mechanical			Swimming Pool Const.		
Elevator			Painting			Welding		

22) For each of the following activities check Yes, If you have or will perform, supervise, or subcontract that activity, No, If you have never performed, supervised, or subcontracted that activity and have no plans to do so. (Explain all "Yes" answers in remarks section)

- |                                    |  |                             |  |                                  |  |
|------------------------------------|--|-----------------------------|--|----------------------------------|--|
| Bridges, Dams, Tunnels, Levee      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Drainage/Irrigation         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Medical/Industrial Life Support  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Site Grading                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Hazardous Material          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Chemical Plants Work             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Construction of Medical Facilities | Yes <input type="checkbox"/> No <input type="checkbox"/> | Asbestos or Lead Abatement  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Dry Rot or Termite Damage        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gas & Water Mains                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fire Protection/Sprinklers  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Road/Highway/bridge/Overpass     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Refrigeration (food & medical)     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Environmental Clean-Up      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Traffic Signs or Control Work    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Airport                            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Boiler Installation/Repair  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Consulting/Engineer/Architecture | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Earth Stabilization                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Street & Road Construction  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Elevator or Escalator Work       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Burglar Alarm                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Sandblasting                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Computer Repair & Service        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gas Stations &/Or Oil Fields       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Spray Painting              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Solar Work                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Underground Tank Removal           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Pressure Washing            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Janitorial Work                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Industrial Machinery Repair        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Waterproofing               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Window Washing                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hillside/Hilltops/Slopes/Landfills | Yes <input type="checkbox"/> No <input type="checkbox"/> | Gas & Propane Piping        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fiber Optics/Coaxial             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Tilt-Up Concrete                   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Satellite Dish Installation | Yes <input type="checkbox"/> No <input type="checkbox"/> | Fire/Flood Restoration Work      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Railing/Stairs/Window Bars         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Tree Work                   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Septic Tank                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employee Leasing                   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Extermination               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Wrap Ups or OCIPs                | Yes <input type="checkbox"/> No <input type="checkbox"/> |

What percentage of your total operations involves foundation construction? \_\_\_\_\_ Please explain: \_\_\_\_\_

What is the maximum depth you will go below grade? \_\_\_\_\_ Feet, Describe shoring procedures and practices: \_\_\_\_\_

Are utility lines clearly marked before you begin work? Yes  No  Do you use an underground utility locating service? Yes  No

Have you or will any of your projects involve caissons, cantilevers, piers, retaining wall, shoring, underpinning, or heavy structural engineering techniques? Yes  No  If yes Describe: \_\_\_\_\_

If retaining walls have been or will be built, maximum heights \_\_\_\_\_ ft. Intended Use: \_\_\_\_\_

Do you lease or rent mobile equipment? Yes  No with operators? Yes  No without operators? Yes  No What type of equipments? \_\_\_\_\_

**PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)**

- Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes  No
- Any claims or occurrences for the past five years that may give rise to claims? Yes  No
- Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability? Yes  No
- Have you had any claims, occurrences or losses during the past 5 years? Yes  No  If yes, please describe in remarks section below.
- Have you ever been adjudged bankrupt or insolvent? Yes  No

Policy Period	Insurance Company	Insurance Agency/Broker	Policy Number	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

Remarks: \_\_\_\_\_

I have personal knowledge of each of the facts provided in the application materials and represent that the information provided materials is true and correct to the best of my knowledge and belief. I authorize the insurance carrier & or brokerage to gather general information including but not limited to the credit in evaluating the acceptability of the application. This questionnaire does not constitute any coverage.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_